Health Information for Patients: The Hospital Library's Role

By Britain G. Roth, *Librarian*

Veterans Administration Hospital
Library Service
Miami, Florida

ABSTRACT

Libraries today, including most hospital-based patients' libraries, are involved only peripherally in providing patient health science information. Hospital libraries should collaborate with health professionals in getting health information to patients along with the library's more traditional roles of providing recreational reading for patients and serving the informational needs of the physician and medical staff. The library should act as the center for educational materials and programs within the hospital. Many health agencies, health educators, physicians, and librarians have been discussing the need for patient health education, but there are few effectively organized or established education centers. This paper discusses an overview of patient health education and intellectual freedom, proposes a new role for the existing hospital library in patient health education, and suggests guidelines for establishing a patient education center.

PATIENT health education has been discussed vigorously among the health care community over the past two decades. However, there have been a number of new factors which have recently given impetus to the creation of health education centers in hospitals and clinics in the United States. These factors include:

1. An increase in chronic diseases in an aging population.
2. Physician concern with patient compliance.
3. Physician desire (and need) to share responsibility with the health care team.
4. The consumer rights movement and patients' desire to be well informed, for example, the growing use of patients' advocates and ombudsmen.
5. Malpractice suits and the doctrine of "informed consent."
6. Policy decisions by the American Hospital Association and third-party payers; reimbursement by health insurance agencies for patient education.
7. Increase in quality educational audiovisual programming and technologies [1].

The American Hospital Association, in publishing and supporting *A Patient's Bill of Rights*, has done more than any other professional organization to define and support patient education. Statements 2, 3, and 10 of the "Bill of Rights" concisely delineate the patients' right to know, and the health professional's responsibilities:

2. The patient has a right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand.
3. The patient has a right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation.
10. The patient has the right to expect that the hospital will provide a mechanism whereby he is informed by his physician or a delegate of the physician of the patient's continuing health care requirements following discharge [2].

To paraphrase, the patients' informational rights are for preventive medicine as well as direct care, including health conditions, treatment alternatives, and how to care for himself to ensure optimum health—all "reasonably" explained in layman's terms so the patient may be able to give "informed consent" concerning his treatment.

Informed Consent

"Informed consent" and medical malpractice suits have been influential in the push for patient health education. The American Civil Liberties Union explains the doctrine as follows: "as the words denote, informed consent consists of two separate elements: 1. information and 2. consent . . . the information conveyed must include all of the *material facts* of the treatment proposed, including risks of death or serious bodily harm, the probability of success, the *alternatives* to the treatment (including nontreatment), and their risks and probabilities of success . . . the patient's

consent must be *competent, understanding,* and *voluntary*" [3]. Also, "A physician may not treat a patient until he has explained to the patient the risks and material facts concerning the treatment and its alternatives, . . . [in order] . . . to protect the patient's right of self-determination" [4]. Patients who have not been so informed have successfully sued the physician and the hospital in which they were treated. The fact that the hospital may be sued along with the physician has encouraged many hospitals to provide patient health education. Third-party payers have also come to accept and push for the implementation of health education. Patient education has come to be an "essential component of health care that encompasses the education of the patient, his family . . . it has been accepted as a reimbursable service recognized by the American Hospital Association, American Medical Association, Health Insurance Council, and the Blue Cross/Blue Shield" [5]. Health insurance companies have come to realize that educating patients can help reduce hospital stays and readmission, and increase patient compliance, thus reducing the rising insurance costs.

However, the two main factors in establishing patient education centers have been: first, patients and their families establishing themselves as discerning consumers of health care, responsible for maintaining their health in conjunction with the health care team; and second, physicians and nurses recognizing their primary roles in patient education in order to increase the quality of health care.

Existing Programs

Reports coming from existing patient education programs for cardiac, diabetic, and other chronically ill patients have shown that patient education decreases the length of hospital stay; increases patient compliance; promotes appropriate use of health services; makes for less fearful, more understanding and cooperative patients; and eases the load on the physician by having a surrogate explain medications and pre- and postoperative procedures, and provide health counseling to the patient and family [6–12].

Although there are existing, planned educational programs in some chronic disease areas, such as cardiology and diabetes, there are few hospitals with a centrally organized and coordinated source of information in diverse areas available to the entire physician community for use with patients and their families. There is an obvious need for patient education programs which are more than merely pamphlet racks in hospital lobbies. Establishing patient health education libraries in hospitals would provide a centralized access point for intellectual materials and for individual and group counseling on health matters. One such successful and well-organized library has been established at the Kaiser-Permanente Center Health Education Library in Oakland, California [13].

The Library's Role

Until now, hospital librarians have often been abdicating their positions as informational sources without realizing it. Few hospital librarians have recognized their part in patient health education, although the library profession has taken a firm stance on access to information for all persons. As stated in the *Library Bill of Rights,* endorsed by the American Library Association, "libraries should provide books and other materials presenting all points of view." This is meant to include all library patrons, including the hospitalized [14]. The health science library is the logical place to provide patient access to health education materials. The librarian is already working in conjunction with physicians and other health professionals, and has access, storage, and retrieval systems established. The library, acting as a supportive element to physicians and their surrogates (such as nurses, therapists, and dieticians), would provide quality intellectual materials, space, and reference service to the professional staff responsible for education of the patient, "helping in the development, implementation, and evaluation of health education programs" [15].

To be successful, the patient health education library must be actively supported by the physician staff, and the library must be an integral part of the patient's care. Health care without health education must be recognized by the medical staff as inadequate, and patients must be directed by the medical and nursing staff to aid them in changing existing behavior and in maintaining their health.

The central coordination point of educational activities and programs would be the expanded hospital library, but the control for patient education must remain in the hands of the physician, to determine how a program is to be administered and by whom, and to revise and determine the intellectual content of the program. A physician-nurse health education committee, made up of key personnel, and chaired by the librarian, should be

established and directly involved with planning from the inception of the program. It is imperative that the committee comprise physicians and nurses, for they have the knowledge of the patient's medical care needs, and can best determine how to fill those needs. The health education committee would establish procedural rules for use of educational materials, helping to make patient education an integral part of patient care. These rules might include referring patients on a prescription basis only, and listing on the patient's chart materials which have been reviewed, thus letting other physicians and nurses know what materials the patient has been given. The committee would also review audiovisual programs for intellectual content and possible purchase, and establish audience levels and desired objectives for program areas.

An additional consideration of the education committee will be that of establishing patient education as an essential part of patient care within the hospital community. Department heads should be included in the patient education committee, and should encourage their staffs to utilize educational materials. Encouragement can be done at staff meetings; by making it mandatory for new staff to tour the patient education library and review programs; and most importantly, by giving staff the additional time to make use of the educational programs with their patients.

Resources

The librarian's role in patient education should be of a supportive and organizational nature, such as selecting quality intellectual materials for review by the committee before purchase. A special interest group could be established within the Medical Library Association, with the purpose of identifying resource materials and their sources, and coordinating the dissemination of information concerning existing patient health education libraries. Such resource materials should be written by physicians or professional societies, and geared toward different patient levels of education and comprehension. There should be a large variety of types of materials so as to reach different patient populations and for individual or group instruction.

Materials for patients could include such topics as diet, ostomy care, family adjustment to illness, home care, sexual activity, future complications, pre- and postoperative procedures, various diseases, and normal health conditions, in order to convey information that will change negative behavior and attitudes. The materials could be presented by use of: TEL-MED (prerecorded explanations of disease states via telephone), books, pamphlets, sound-slide programs, videotapes and 16-mm films, anatomical models, flip-charts, and diagrams (see Appendix 1). The library staff would catalog all materials, using *MeSH* terms for easy accessibility by medical staff, and provide space and hardware for utilization of the materials. The library would provide room for individual counseling and viewing of programs, as well as for small groups. Maintenance of hardware, repackaging, and storage of intellectual materials would also be done by the library staff.

One of the additional concerns of the librarian would be that of acting as the primary disseminator of knowledge about the center to the hospital's medical community. The librarian would have to constantly encourage the members of the administrative and medical community to recognize and support their responsibilities as health educators. This alerting role could be accomplished by orienting new and existing staff to what is available in the patient education center via the hospital newsletter, bulletin board displays, lists of new resource materials, and tours of the facilities; and by maintaining current, quality materials, establishing a close professional relationship with department heads, and hiring professional library staff.

Summary

By utilizing existing hospital staff and their expertise, while incorporating carefully selected health information material into the library's holdings, a systematic, centralized patient education program and library could be established. Such a library would help patients change their existing behavior and aid health professionals in providing high-quality comprehensive health care.

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4. Ibid., p. 51.
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APPENDIX 1

INTELLECTUAL RESOURCES FOR A PATIENT HEALTH EDUCATION LIBRARY

Books and Pamphlets

1. ANDELMAN, SAMUEL L. *The New Home Medical Encyclopedia.* New York, Quadrangle Books, 1973. 4 vols.
2. COOLEY, DONALD G. *Family Medical Guide.* New York, Better Homes and Gardens, 1973.
3. Directory of 100 organizations to contact for free or low-cost professional materials. *Nursing* 76: 60A–60H, Sept. 1976.
4. FISHBEIN, MORRIS. *The New Illustrated Medical and Health Encyclopedia.* New York, H. S. Stuttman Co., 1976. 4 vols.
5. GRIFFITH, H. WINTER. *Instructions for Patients.* 2d ed. Philadelphia, Saunders, 1975.
6. KAISER-PERMANENTE MEDICAL CENTER. HEALTH LIBRARY. *Books and Booklets.* Oakland, California, 1977. Mimeographed. (Available from: Health Library, Kaiser-Permanente Medical Center, 3779 Piedmont Ave., Oakland, CA 94611. Send stamped, self-addressed 10-by-13-inch envelope.)
7. ———. *Pamphlets Distributed in the Health Library.* Oakland, California, 1977. Mimeographed. (Available from: Health Library, Kaiser-Permanente Medical Center, 3779 Piedmont Ave., Oakland, CA 94611. Send stamped, self-addressed 10-by-13-inch envelope.)
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10. WOOD, M. MARION. 300 valuable booklets to give to patients and their families—a source guide. Part I. *Nursing* 74: 43–50, Apr. 1974; Part II. Ibid.: 59–66, May 1974.

Audiovisual Materials

1. Robert J. Brady Co. Division, Prentice-Hall Co., Bowie, Maryland 20715. Flip charts.
2. Core Communications in Health, Inc., 1290 Avenue of the Americas, New York, New York 10019. Filmstrip-audiocassette programs, reviewed by the American Group Practice Association.
3. *Union List of Audiovisuals in the Library Network of the Veterans Administration.* (Available from: Central Office Library/142D 1, Veterans Administration, 810 Vermont Ave. NW, Washington, D.C. 20420.

4. YOKOTE, GAIL, AND HOMAN, MICHAEL. Patient Education—a List of Societies, Companies, and Institutions with Audio-visuals for Sale, Rent, or Loan. Los Angeles, Biomedical Library, University of California, Los Angeles, 1976. (Available from: Michael Homan, PSRMLS, Biomedical Library, Center for the Health Sciences, University of California, Los Angeles, Los Angeles, CA 90024.)